

Sheet Metal Workers' Local Union No. 73 Pension Fund

HUSBAND-AND-WIFE PENSION REJECTION FORM

Participant's Statement:

I, _____, do not wish to receive my pension benefits in the Husband-and-Wife Pension Form. I understand that by rejecting this form of pension, no pension benefits will be paid to my spouse by the Pension Plan after my death. I also understand that once my pension begins, I cannot change the type or form of my pension.

I hereby swear that I am not legally married at this time. My former spouse(s), if any, is(are) not entitled to any of my pension benefit under a Qualified Domestic Relations Order, nor is there one pending.

I hereby swear that my spouse and I have lived apart since _____. I have no way of obtaining his/her current address. Therefore, I am unable to obtain my spouse's consent to this waiver.

I hereby swear that the person signing the other side of this document is my current legal spouse and that I have no former spouse(s) entitled to any of my pension benefits under a Qualified Domestic Relations Order.

Date

Participant's Name (please print)

Social Security Number

Participant's Signature

This Waiver applies to:

Early Retirement Benefits

Normal Retirement Benefits

State of _____

On the _____ day of _____, 2____,

County of _____

before me came _____,

to me known and known by me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

(Notary Seal)

(Notary Public)

My commission expires _____.

Return this form to:

Sheet Metal Workers' Local Union No. 73 Pension Fund
4530 Roosevelt Road
Hillside, IL 60162

Sheet Metal Workers' Local Union No. 73 Pension Fund
HUSBAND-AND-WIFE PENSION REJECTION FORM

Spouse's Statement:

I, _____, swear that I am the legal spouse of the
(Print Name)
employee listed on page one of this document. I hereby consent to my spouse's rejection of the Husband-and-Wife Form of Pension. I understand that as a result of rejecting this form of pension, I will not be paid a pension from the Pension Plan after my spouse's death (unless I am entitled to a survivor benefit under any other form of payment my spouse may elect). I further recognize that because of this rejection, the pension paid to my spouse while (s)he is living may be higher than it would be if I would have elected the Husband-and-Wife form of payment.

_____ Date

_____ Spouse's Name *(Please Print)*

_____ Social Security Number

_____ Spouse's Signature

State of _____

County of _____

On the _____ day of _____, 2_____,
before me came _____,
to me known and known by me to be the person described
in and who executed the foregoing statement and (s)he
duly acknowledged to me that (s)he executed the same.

(Notary Seal)

Notary Public

My commission expires _____.